

Applying the Strength-Based Approach to Elders' Care Service among Indigenous Tribes in Taiwan

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In this study¹, the author demonstrates that the Strength-based Approach provides a sound basis for carrying out the ethos of culture care among the indigenous communities in Taiwan. Culture care has become the standard for the indigenous elderly health care in Taiwan in recent years. The care services are diversified so that through empowerment, the care givers and users work and learn together to build a space for the common good. In this paper, the author investigates how the three concepts in the Strengths-based Approach, that is, resilience, the social ecological, and the social cultural, are integrated into the culture care for indigenous peoples. The study shows how these three strengths-based concepts are in fact interrelated and embedded in the care service process so that they constitute the driving force that helps to provide appropriate culture care in the tribal community.

KEYWORDS: *Indigenous Peoples, Strengths-based Approach, Culture Care, Long-term Care*

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INTRODUCTION

With the advent of a super-aging society, care for the elderly and long-term care are important issues in Taiwan. In response to the international development trend that emphasizes human rights and holistic care, “aging in place” is the goal for elderly care services (Wiles, 2012). Considering the cultural particularities, the long-term care plan 2.0 launched in 2015 set up a special chapter on long-term care for indigenous people. The long-term care fund of the government and the integration of the administration of Health and Welfare long-term care service resources together provide a care center service model for long-term care tailored to local conditions, including institutional, community-based and home-based service types (Wu, 2022; Council of Indigenous Peoples, 2021a; Kui, 2021). Since in recent years, the promotion of cultural health stations set up by indigenous tribes and communities has gradually become the center of life for tribal elders, it is worth exploring how the care model implements local healthy aging and provides services tailored to ethnic and local conditions.

Through the community care model, numerous organizations, including churches, institutions, and other groups, jointly promote care services for the elders of the indigenous peoples. The tribal elder care policies are implemented through the amalgamation of different cultural life experiences, as well as public and private sector systems, in order to meet the needs of the indigenous peoples. The expanded services of the Cultural Health Stations (hereafter referred to as CHSs), foremost among these organizations, have been proven to delay aging. The implementation of the CHSs has been developing for 17 years, starting from the “Tribal Elderly Day Care Station” in 2006 before it was renamed. During this period, scholars studied the difficulties and challenges of the implementation of the CHSs from different perspectives. They not only provided suggestions for the government on policy and practice, but also promoted various types of care services models taking place in the tribe. CHSs are the care bases that provide primary health care services for the elderly in the tribes. Recent literature has emphasized the practice of cultural health care in different areas. In general, it has been found that the culture care model strengthens the ability of the elderly to take care of themselves. The elderly are not only service users but also service providers through “empowerment” in the process of care service. When the elders age

naturally in their familiar living environment, they can maintain their dignity. Hence, the culture care model in which tribal culture itself is the strength that plays an intermediary role, driving appropriate culture care has gradually been recognized as the standard for tribal care among the indigenous elderly population. (Kuo et al, 2022; Chiu et al, 2021; Chen & Chan, 2015).

The focus of this paper is to examine and describe the strengths-based features that may be applied in the fulfillment of the indigenous local care services. So far, there are 16 indigenous ethnic groups in Taiwan recognized by the government, and each ethnic group has its own unique language and culture. It is this diverse and rich ethnic culture that is an important capital for each tribal group. This article thus breaks away from past thinking by analyzing how a “Strengths-based Approach²” helps people explore the culture care development potential of CHSs from the perspective of differing indigenous cultural strengths, this approach being a value that recognizes the talents and abilities of Indigenous peoples (Bryant et al, 2021; Askew et al, 2020; Brough, 2004). Bryant et al (2021) found that the application of a “strengths-based perspective” in health care covers three aspects, one is “resilience”, which is related to personal skills; another is the “social-ecological”, which focuses on individuals, communities and the structure of the environment in which people live; and the other is “social culture”, which regards social relations, collective identity, and practices as strengths. The author finds that the care services provided by CHS can strengthen and carry out the ethos and significance of culture care from the three aspects proposed by Bryant and foremost, that the three aspects also are interrelated and mutually embedded so that together they strengthen the work of culture care in Taiwan’s indigenous communities.

LITERATURE REVIEW

In this section, the article first explores the development context of indigenous elderly care and CHSs; second, it describes the practice patterns and trends of culture care; third, it examines the concept and meaning of the strengths-based perspective and research on indigenous health care, and finally, it explains how the strengths-based perspective

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strengthens the practice of tribal culture care.

The Policy of Indigenous Elderly Care Service and the Trend of Culture Care

The implementation of the ten-year long-term care plan in Taiwan emphasizes the function of community care (Council of Indigenous peoples, 2022a). The day care bases in the indigenous community, later renamed as Cultural Health Stations (CHSs), carry out the long-term care policy for indigenous peoples embedded in the continuous care service system for the elderly. The initial base set-up encountered many difficulties and challenges in the early stages (Chiu & Kuo 2022). In view of the fact that the policy itself at first duplicated the experience of community care among the populous Han people of the island, there were many parts and aspects that had to be improved and adjusted in terms of system and practice so as to meet the needs of indigenous peoples, including manpower training, professional services, and implementing agencies (Lai et al, 2021; Tsai & Chang, 2018; Kuo et al, 2018). However, the system and care services of the CHS have improved and achieved good results in recent years (Chiu & Kuo, 2022). In order to maintain and evaluate the implementation of the CHS, the Council of Indigenous Peoples conducts on-site investigations on the actual implementation of each station every two-years³, providing professional advice as a reference for improving the practice and services of CHSs (Council of Indigenous Peoples, 2022b).

The care services of the CHS are becoming more and more diverse. The evaluation report in December 2022⁴ shows that the health promotion measures provided by the CHSs combine local cultural elements, and that indigenous peoples of the tribes are providing diverse services tailored to the characteristics of local communities or ethnic groups, including ethnic language teaching, friendly farming, shared community kitchens, traditional skills teaching and courses or special activities meeting the needs of those served. CHSs with outstanding performance were found to implement the concept “aging in place” in accordance with the needs of specific ethnic tribes. Those successful CHSs show stable

³ According to the 2023 annual inspection plan for the CHSs, the inspection method of the cultural and health stations is to conduct an on-site inspection of the national cultural and health stations every two years.

⁴ According to the Promotion of the Indigenous Long-Term Care Cultural Health Station Evaluation Report provided by the Council of Indigenous Peoples in December 2022, in total 473 stations were evaluated on-site, including 429 stations subsidized in 2021, and newly approved 44 stations in March of 2022.



native manpower, emphasize cultural ability during the service, provide a friendly environment with cultural elements, and practice traditional cultural inheritance. In short, they have provided culture care services tailored to ethnic and local conditions. However, CHSs with such high-quality performance only account for one-tenth of the strongholds in counties and cities across the country, and the vast majority of CHSs continue to face many difficulties in promotion. To provide appropriate care for the elderly, aside from the government's continuous injection of funds and resources, the strongholds themselves must also reflect on the needs of their respective tribes. (Chiu & Kuo, 2022)

Several studies present cases of the diversity of care and the significance of cultural heritage produced during the care service. Lifestyle care services such as farming, weaving, church activities, prayers, millet harvest celebrations, and traditional cultural rituals are of great significance to cultural education and inheritance for indigenous peoples (Huang & Chen, 2019). Through the participation of the elders, the care base of the indigenous communities has become a place where tribal cultural wisdom gathers (Kuo et al, 2022). The elders are no longer merely care users but reproduce the value and dignity of their respective tribes. The care of the tribe is not limited to aging in place; it instead shoulders the mission of cultural inheritance (Kuo et al, 2022; Chiu & Jiang, 2021; Lai et al, 2021).

The “Tribal Kitchen Project”, “Earth Kitchen” and “Wisdom House of the Elderly” are successful examples that show mutual reciprocity and collective care practiced in families and communities. With his experience as a social worker, Huang (2016) conducting culture care by using the “Tribal Kitchen Project” as a care service place in an indigenous community, confirms the potential of integrating daily life experience and traditional culture into service care. While growing vegetables, raising chickens, cooking and eating together, the "Earth Kitchen" establishes a network of sharing and support. Traditional knowledge is further experienced in the practice of millet re-cultivation (Huang & Chen, 2019). Another activity, , the "Wisdom House of the Elderly," provides a space for tribal residents to meet and communicate, as well as a place for cultural inheritance (Apu'u, 2015). These examples are the best evidence of tribal culture care where the elderly are taking care of themselves, which is the goal of the senior indigenous long-term care plan that emphasizes indigenous culture as well as self-care in the tribal community (Wu, 2022).



A Strengths-based Perspective on Health Care and Its Implications

"The Strengths Perspective" was proposed by American social welfare scholars in 1980.⁵ It is now one of the most important viewpoints in social work theory and practice that emphasizes the advantages and abilities of people themselves (Pulla, 2017; Saleebey, 1996). The Strengths Perspective helps service users enhance their empowerment, encourages caregivers to view service users with a positive perspective, affirms the users' ability to learn, grow and change, and empowers and helps others through personal and social channels (Tseng, 2013; Song, 2008). In other words, the strengths perspective emphasizes the identification and establishment of the ability and inherent resources of the care receivers. In the service process, practitioners should remove their professional knowledge and use the strengths of the care receiver as the basis for establishing a cooperative relationship. In addition to gaining each other's mutual trust, this practice is also conducive to the demonstration of the power of the care users, and, as a result, the best care model of empowerment is achieved. In such a long-term care system, the strengths-based perspective can not only correct the negative stereotypes of the public on the aging experience, but also keep a positive view of the aging process, so that the strengths work together to enhance the dignity and autonomy of the elderly (Deng & Song, 2018).

Pulla (2017) found that the strengths-based perspective has been widely used in recent years in service management, health care, education and training, etc. It emphasizes the well-being brought by the interaction and support in the environment of people and institutions. It is believed that practitioners learn to use the strengths and advantages inherent in the individual, family or organization of the care users to drive their recovery and empowerment, to make good use of their wisdom and knowledge, and to lead them to rediscover the resources of their environment. Warburton & Bredin (2019) advocate the application of a Strengths-based Approach to health promotion. They believe that care services should focus on the innate strengths of individuals, families, and communities to achieve self-empowerment, as well as health self-determination in relation to health care. The practice of the strengths-based approach is beneficial to improve the health and well-being of individuals and communities.

⁵ These views are proposed by three scholars, Dennis Saleebey, Charles Rapp and Ronna Chamberlain, School of Social Welfare, University of Kansas, USA.



Strengths-based Perspectives and Indigenous Health Care

Research related to the “Strengths-based Approach” began in 2000 with literature focused on issues related to indigenous health. The main research areas remain in public health, health promotion, education, and family (Bryant et al, 2021). Earlier research expected Indigenous peoples to counter their disadvantaged or negative stereotypes through individual and community powers (Askew et al. 2020). Brough et al (2004) studied the health promotion issues of Australian Indigenous peoples and explored the potential value of strength-based health promotion practices and their impact on community development. Indigenous peoples experience much unfair or insufficient health and living standards compared with people in the mainstream society, and the lower living standards and negative stereotypes still exist today (Kuo et al, 2022; Brough et al, 2004). They argue that many studies often use a “needs assessment” approach to describe the weaknesses of indigenous peoples. Such an emphasis on inadequacies only continues to identify the same deficiencies. Contrarily, they believe that a strengths-based perspective should be emphasized to redress the past insufficient health of disadvantaged groups, particularly those of indigenous peoples (Brough et al, 2004).

As for the health issues of indigenous peoples, the research in the past was related to the “Needs Assessment Foci” and in fact, it was suggested that the “Community Assets Foci”⁶ of Indigenous peoples should be emphasized (Brough et al, 2004). In view of this, five strong points of indigenous peoples’ lives were synthesized⁷, including extended family, commitment to community, neighborhood networks, community organizations, and Community Events. The researchers concluded that Indigenous peoples should promote and realize these advantages in the community, rather than passively wait for top-down public health interventions, that is, the community should actively strive to achieve the goal of health improvement.

⁶ According to the research of Brough et al. (2004), the “Needs Assessment Foci” include Unhealthy behaviours, Poor Nutrition, Lack of Exercise, Alcohol and substance use, Loss of culture, Crime and incarceration, Educational disadvantage, Poverty, Unemployment, and Poor Housing; whereas “Community Assets Foci” include Cultural Identity, Sense of Community, Knowledge and Skills, Political Activism, Extended Family, Organisational Involvement, Volunteerism, and Community Networks.

⁷ Brough et al. (2004) launched a variety of health promotion strategies in the indigenous communities of Brisbane, Logan and Ipswich in Australia.

A Strengths-based Perspective Drives Tribal Culture Care

Regarding the Indigenous elderly health care and aging in place policy, scholars have found that social exclusion or welfare marginalization easily occurs if the government only concentrates on administrative convenience or saving cost. The scholars therefore have urged the government to include multicultural perspectives and to respect the particularity of indigenous elders while making policies (Huang, 2020; Kui et al, 2018). Such a perspective corresponds with the strengths-based approach by focusing on indigenous resources and capabilities, promoting a set of values and practices that emphasize indigenous self-determination. Seeking to support and develop these resources can reduce many problems while increasing the capacity of care services (Brough et al, 2004). The strengths-based approach is an important driving force for the implementation of culture care.

In their research, Bryant et al (2021) proposed three main conceptual approaches from relevant literature on indigenous peoples' health from 1995 to 2020 when the term "strengths-based" began to appear. The first was the concept of "resilience", which focuses on the ability to regulate personal and cognitive skills; the second was the "social-ecological approach", which focuses on aspects of people's environments, families, communities, and structures; and the third was the "social-cultural approach" which views strengths as social relations shared by people and communities, such as capital, capabilities, identities, and social ties. Thus, the strengths-based approach employing these three concepts, has been widely used in aboriginal/indigenous research with different focuses in Australia and New Zealand in the past two decades. As Askew et al (2020) found, it is not only a "culturally acceptable" method for indigenous people, but also the only way to cooperate with indigenous people.

A strengths-based approach is a value that recognizes the talents and abilities of indigenous peoples. Several research results show that the traditional knowledge, life skills and wisdom of the elders of the indigenous peoples are worthy of respect and being learned or adopted; the integration of traditional cultural activities in care services not only attracts the participation of the elders, but also enables the elders to gain dignity through empowerment (Kuo et al, 2022). Indigenous peoples attach great importance to the connection of social



networks, and the interpersonal interaction of co-care, sharing and reciprocal values are often presented in the care services (Huang & Chen, 2019). More importantly, the elderly's traditional culture and beliefs are the values used in indigenous peoples lives; for example, the “gaga” concept of the Atayal people is the basis for the moral ethics that the people use in their daily life. Therefore, making good use of tribal resources, such as churches, associations, and ceremonial activities, to enhance social participation builds a support network that contributes to the strategic methods practiced in health care (Wu, 2022). As a consequence, both caregivers and care users develop positive learning experiences through practical assistance and improve the quality of care services.

DISCUSSION

As stated by Askew et al (2020), a strengths-based perspective is the only way to work with indigenous peoples. Without doubt it is the driving force for culture care practices focused upon in the health care of the indigenous elderly. The three concepts that Bryant et al (2021) integrated, namely, resilience, the social-ecological and the social-cultural, that have long been deeply rooted in the life experience of indigenous peoples indeed strengthen the practice of tribal culture care. First of all, empowerment stems from the innate power of resilience and encourages the elderly to share knowledge during the care service; secondly, indigenous peoples pay attention to the sustainability of land that is the basis for social ecological co-learning adopted in care services; thirdly, in care services the reciprocal social system of the indigenous community emphasizes network support for the common good; fourthly, the three concepts are interrelated and embedded in the care services process that strengthen the ethos of culture care.

Care Services Emphasize Empowerment and Knowledge Sharing

The strength-based perspective aims to help people identify and apply relevant resources and assets, respect the wisdom and knowledge that everyone possesses, and rediscover energy and resources from the living environment (Pulla, 2017). Resilience is a dynamic process of personal response and adjustment to stress and adversity (Richardson, 2002). At the CHSs, care givers and users work together to design courses and activities and, from the care service process, the elderly gradually increase the awareness of their wisdom and skills. It is a



process of self-empowerment, in which the advantages of practices used by the elderly are stimulated, and they are able to recognize, adjust or rebuild their abilities to achieve a healthy care; in a word, this is the meaning of resilience. When discussing culture care, Ru (2015) observed the diversity of care behavior in the indigenous communities. He uses women's weaving skills and tribal hunting skills as examples to describe the importance of culture care and the effectiveness of these skills in caring for individuals and tribal communities. These practices in their tradition and life skills are all embedded in their resilience. In addition, religion and spirituality have a positive impact on resilience and the quality of life; traditional beliefs and church life are important support systems for many indigenous peoples (Faigin & Pargament, 2011). For most of the indigenous peoples in Taiwan, religion is a primary focus in their lives. Therefore, many tribes choose churches as the base for setting up cultural health stations. The church plays a very important central role in the development of the tribe. In a limited geographical environment, especially for the mountain or remote regions, churches provide sufficient facilities and direct services for indigenous elders.

In their study, through a strengths-based approach, Warburton and Bredin (2019) adapted the “Sharing Circles” concept which shared the unique health and wellness perspectives of Canadian Indigenous people's history, traditions and culture. The “sharing circles” led by indigenous elderly constituted a key practice to exchange wisdom, culture, experience and knowledge. The “sharing circles” respect the oral history and storytelling tradition of the elders, and also invite partakers to participate in the narrative and express their ideas to each other. The elders tell stories and share culture, tradition and history in the form of oral teaching so that a natural two-way teaching and learning effectiveness was established (Warburton & Bredin, 2019). The care services of the “Tribal Kitchen Project”, the “Earth Kitchen” and the “Wisdom House for the Elderly” introduced earlier had a similar effect in that they all provided tribal residents with a space to gather, work, share and communicate, and they are also the places for cultural inheritance (Huang, 2018; Apu'u, 2015). Through the cooperation of care givers and users during the care services, the tribal community gets the chance to restore their traditional food history and to rediscover or re-construct their strengths and abilities. This kind of care service model provides profound sharing and living experiences that support the healthy resilience of the elderly.

Paying Attention to Land and Establishing Ecological Co-learning in Care Services

Culture care is to provide care in place. It emphasizes regional connections and ecological awareness in a given environment. The local identity and sense of belonging to a place of indigenous peoples contribute an environmental advantage with sustainable ecology implications for tribal elderly health care. Lyons et al. (2010) studied the indigenous peoples in northern Canada. They collected the knowledge of the “Inuit Elders” through the description of maps and oral histories, through which they explored the knowledge of the elders and the association of people, places, memories, and events, and further helped scholars with archaeological interpretations. From the conversations, the elders’ discourse on the place constructed the reality, past and present of the Inuit life. In other words, the scholars learned about the origin of the elder residents' cognition of the land they live in, and the history and the knowledge they learned from the process also helped scholars understand the local history and current situation. As for Taiwan’s indigenous peoples, they have experienced 400 years of colonization, and encountered ethnic group migration and tribal reconstruction. They have established the deepest connection with their living space and the land during the process. Their community is the place where they share tribal identity and emotional attachment, and the place where they have established a deep spiritual and psychological support among themselves. Only in such a place can one be resilient and enjoy the most culturally safe and friendly care environment.

The Atayal Sbalay⁸ shows a good example of resilience related to land. Sbalay is a ritual for Atayal people to offer sacrifices to the ancestors, express their feelings, and declare that the land should be treated well. It urges their people to work together with the tribe to ensure the sustainable development of the mountain and forest ecology. During Sbalay, Atayal people and their ancestors communicate with the creatures of the land. As Lin (2016) stated, the ritual itself has multiple meanings of respect and blessing, as well as reconciliation with the land. In this ecological network, the relationship between current farmers and past generations who used this land, animals, plants and soil form a complete organic aggregate connected in one place across time scales. More importantly, this aggregate does not only refer to the connection on the material level, but also includes the spiritual level behind it.

⁸ Atayal people, one of the indigenous ethnic groups in Taiwan, usually perform “Sbalay” before sowing millet; it is a ritual to re-establish harmony with the beings who once used the land.



Such rebuilding of harmonious relationships also includes the concept of resilience. There is an interdependent relationship among man, land, and nature, in which “gaga's” ancestral code of conduct is also included. To sum up, the land is not merely used to produce food or provide resources; more importantly, it establishes a healthy ecological relationship network, which substantiates the belief and ecological meaning contained in traditional rituals and ethical norms.

Emphasis on the supportive social network establishes reciprocal care services for the common good

A social-cultural approach views strength as a social relation shared by people and communities, manifested in capital, capabilities, identities, and social connections or ties (Bryant et al., 2021). As mentioned before, Brough (2004) synthesizes five strengths of Indigenous peoples, including extended family, community commitment, neighborhood network, community organization, and community activities. These are also significant social capital in culture care. Putnam (1993) defined social capital as “features of social organizations, such as networks, norms and trust that facilitate action and cooperation for mutual benefit”. In other words, social capital is a public resource, and its nature is to achieve public well-being through the interaction of human relationships and cohesion that are strung together in networks of family, friends, neighbors, communities, churches, organizations, groups, and more. Positive social cohesion depends on social networks, norms, and trust. Social capital can become a stable foundation for tribes through the mutual interaction and commitment of members in the tribal community to establish mutual trust partnerships.

In the course of the service of the CHS, members of the communities or tribes gather together through programs and activities to establish a mutual trust and shared support system. The environment is beneficial for family and tribal connections in terms of initial health care, and it further adds a sense of belonging to a tribe that alleviates feelings of loneliness (Hadjipavlou et al, 2018). Australian scholars have found that indigenous peoples fight for the right to use the land and sea together, and the emotions established with family and friends in the process of fishing together are very precious bonds (Yap & Yu, 2016). According to surveys by Viscogliosil et al (2020), the wisdom of the elderly is the key to



supporting health, not only the health of the elderly themselves, but also an element of community personal health and community cohesion. Indigenous peoples gather through cultural activities, build a sense of solidarity from their interactions, share experiences in a shared space to generate identity, and perceive the pride of being indigenous peoples (Brough, 2004). This is the process of generating resource advantages as well as an accumulation of capital.

Sociocultural strengths are based on the structural nature of social connections, collective practices, and tribal identities. As Bryant et al (2021) has stated, the close relationship and support of family, friends and community are the key advantages to guide positive healthy behaviors and habits. Social culture includes the advantages established by family connections, community networks, community cultural activities, and family and land identification. It is a collective mechanism of indigenous peoples. The “Tribal Kitchen Project” uses the life sharing mechanism of eating and cooking together. The members of the community followed the “gaga” traditional code of conduct that longs for mutual assistance and uses the strength of the tribe itself to pursue the ideal of tribal care together. These studies have shown that through the concept of social culture, health and care services can be extended to the entire surroundings where a culturally safe and shared care environment is provided.

The interrelationships between resilience, social ecological and social capital in care services

From the above discussion, it can be concluded that resilience is a strength residing among the people and in their belonging to the land and tribal community. Culture care needs to be practiced through local connections. The land is the root of the indigenous peoples; it links people together, including families and tribes to constitute the entire ecological environment. From the process of care, people realize their own strengths, and learn to understand the relationship between their life and the land, and then perceive and make good use of social capital and ecological environmental resources as the basis of their advantages, which can in turn strengthen the ethos of cultural care.

Ru (2015) stated that the scope of culture covers internal operations, including cognition, behavior and material conditions, as well as external representations of ecological and environmental systems. For example, weaving and hunting are the daily life skills of indigenous peoples. The inner and outer meanings of the natural environment to the indigenous all show the wisdom and abilities that the people have learned from their existence and survival in a particular ecological environment. Underscoring their survival in a particular environment, traditional culture indeed plays an important role in health care services. In a sense, culture care is based on the interaction between man, nature and the ecological environment. For the caregivers, the culture care they practice in the tribe is not only about primary health care, but is also closely related to the inheritance of the entire culture and the ecology of the tribal environment.

PROBLEMS AND CHALLENGES

The author believes that it behooves the caregivers and users alike to commit to building on the inner strengths of the tribal community. In the examples of “Sharing Circles”, “Tribal Kitchen Project”, “Earth Kitchen” and “Wisdom House of the Elderly,” people gather to work together, spending a long time to build mutual trust and substantiate the cohesion of the community. These activities support the work of the health care system. However, aside from the concern of time limitations, the challenges of care practice continue to exist. As Wu (2022) revealed, there are difficulties in promoting a care service in terms of administrative issues and issues related to professional services. For example, inevitably the CHS evaluation system needs to improve based on the actual practices, changes in service criteria or specific indicators. The caregivers are expected to obtain multiple skills to confront the administrative tasks, and, as a result, they might not be able to focus on their main duty of providing quality services.

Furthermore, the space of the care base in some stations has long been an issue (Kui, 2021). The facilities and construction of the base need to meet the requirements of a long-term care policy, whereas suitable and legal construction sites are hard to find, and hardware facilities are insufficient due to the limitation of space (Wu, 2022). There is no short cut to solve the problems right away. However, through the demonstration of these strengths-based examples,



newly established care bases have appropriate models to learn from. Furthermore, the care service evaluation results continue to provide suggestions for further policy making. For example, some regulations for facilities and construction could be made more flexible for stations in the remote regions of the high mountains.

CONCLUSION

People tend to think of needs and disadvantages when it comes to health care issues, especially for the elderly and the indigenous. In Taiwan, it did take time and much effort to establish a safe and friendly environment for care users. However, alternatively taking a strengths-based perspective provides insights that may save both time and energy. The Strengths-based Approach outlined by Bryant et al and practiced among the indigenous in a number of nations is one in which practitioners use the inherent power and strengths of individuals, families, or organizations (tribes) to drive their recovery and empowerment. Its foundation is formed from care givers having respect with a will to learn and becoming aware of the wisdom and knowledge that exists within the care users' community. In the end, these qualities lead them to rediscover the resources of the environment (Pulla, 2017). This paper has explained how the strengths-based approach could be smoothly integrated into care services, especially among the indigenous peoples of Taiwan by attention to the concepts of resilience, the social-ecological, and the social-cultural. Engaging these strengths offers unique advantages, which can bring many new possibilities and resources to the care services and improve the capacity of health care; furthermore, it could have a diffusion effect among individuals and families to extend greater health throughout the entire community or tribe. As a result, it would facilitate the development of the culture care environment to be a place of sharing, a place of learning, and a place serving the common good.

A Place of Sharing

Indigenous culture is tied to the land; the natural environment, including forests, cultivated land, rivers and oceans, is a shared field for the indigenous peoples. In a tribal community, the fishing grounds, hunting grounds, and farmlands of the tribe in the past are shared spaces. From the perspective of intangible resources, the network relationship between clansmen,



families, and tribes is the basis of mutual assistance and sharing of traditional cognition. “Sharing” and “mutual assistance” have long been the proud culture of the indigenous peoples (Huang & Zhuang, 2018). Resource sharing and mutual assistance are manifestations of positive influence, and those behaviors continue to be practiced in the daily life of the indigenous peoples. In addition to hunting and farming together, hunting prey and millet harvesting also reflect the traditional culture of eating and sharing together among the tribe. The health care service field should provide a shared environment. Through empowerment, the abilities of the elders of the tribe can be detected, and the elders can be guided to use their wisdom and skills to share and impart their knowledge of tradition and culture through the participation in culturally meaningful activities.

A Place of Learning

Inuit Elders helping scholars to confirm archaeological knowledge through oral history, indigenous elders at the Taiwan CHSs sharing culture with story teaching, and the elderly restoring the culture of co-working and food sharing through care services are good models for establishing a natural and two-way co-learning environment for culture care. The oral history of the elderly and dialogue in the native language are very important for care services. For the elderly, dialogue can help personal mental health, promote interpersonal relationships and community communication, and for caregivers, dialogue becomes a channel to discover traditions, revive the mother tongue and tribal historical memory (Kuo et al, 2022). For the ethnic groups, oral history has important meanings, reconstructing memories and reinforcing the collective consciousness. Through the narration of history, the sharing of life experience, and the imparting of skills and knowledge, the tribe can learn together and further strengthen their sense of tribal identity and values.

A Place Serving the Common Good

Caring behavior is an action. The development of tribal care services has brought many innovative services to the tribe, and it has underwritten the collective tribal care model. Tribes have solid social capital, which is most beneficial to common cooperation (Putnam, 1993). The strengths-based approach helps indigenous peoples to perceive their own advantages. Starting from ethnic identity, this approach gathers the sense of belonging of



individuals, families and tribes, and deepens the connection with the place. Through the daily experience and cultural activities of the tribe, together with the social and cultural resources, an appropriate culture care model and practice that develops the common health and well-being of the tribe is possible, thereby establishing a place that serves the common good.

To sum up, the traditional culture of the indigenous peoples is the basis for the development of Taiwan's multi-ethnic cultural characteristics, and it is the elders who shoulder the important responsibility of ethnic language and cultural inheritance. The care services for indigenous peoples are diverse, and the model of culture care varies according to the cultural particularities, ecological environment, and social organization of each tribe and ethnic group. In order to contend with the systemic challenges and practical difficulties of the CHS, the strengths-based approach has the advantage of reinforcing the essence of culture care from several standpoints. First, it helps caregivers acquire cultural competence in practical work; second, it encourages care givers and users to perceive and recognize the value of the traditional knowledge system of indigenous peoples in contributing to the process of care services; third, it emphasizes the interaction between people, the environment, and the service field, and fourth, it establishes a supporting network within the community. The strengths-based approach is a facilitator of culture care that provides appropriate care delivery, and at the same time, is the driving force for the development of shared tribal care.

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